

# REPORT OF RECEIPTS AND DISBURSEMENTS

1 / 44

## BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE-PRESIDENT

<b>1. NAME OF COMMITTEE (in full)</b> <b>MIKE GRAVEL FOR PRESIDENT 2008</b>		<b>2. IDENTIFICATION NUMBER</b> C00423202	
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 1600 N OAK ST #1412			
<b>CITY, STATE, and ZIP CODE</b> ARLINGTON                      VA                      22209		<b>3. IS THIS REPORT FOR :</b> <input type="checkbox"/> Primary <input type="checkbox"/> General	

**4. TYPE OF REPORT** (Check here ☐ if this is a Termination Report.)

☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

Monthly Report Due On:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input checked="" type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31

☐ Twelfth day report preceding \_\_\_\_\_ (Type of Election)

election on \_\_\_\_\_ in the State of \_\_\_\_\_

☐ Thirtieth day report following the General Election on \_\_\_\_\_

on \_\_\_\_\_

IS THIS REPORT AN AMENDMENT      ☒ YES      ☐ NO

5. COVERING PERIOD	FROM 06/01/2008	THROUGH 06/30/2008
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<b>SUMMARY</b>	6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD ..... 87.36 7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2) ..... 880.18 8. SUBTOTAL (Lines 6 and 7) ..... 967.54 9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) ..... 759.15 10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8) ..... 208.39 11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) ..... 252.35 12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) ..... 183985.73 13. EXPENDITURES SUBJECT TO LIMITATION ..... 550467.95	87.36 880.18 967.54 759.15 208.39 252.35 183985.73 550467.95
<b>NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES</b>	14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2) ..... 505709.03 15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2) ..... 550467.95	505709.03 550467.95

**I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.**

Type or Print Name of Treasurer <b>MIKE GRAVEL</b>	Date 02/17/2008
Signature of Treasurer	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of FEC FORM 3P are obsolete and should no longer be used.

<b>For further information contact:</b>	Federal Election Commission 999 E Street, N.W. Washington, DC 20463	Toll Free 800-424-9530 Local 202-694-1100
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**FEC FORM 3P**  
**(01/2001)**

**DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS****2 / 44**

(PAGE 2, FEC FORM 3P)

Name of committee (in full)

**MIKE GRAVEL FOR PRESIDENT 2008**

Report Covering the Period

From: 06/01/2008

To: 06/30/2008

<b>I. RECEIPTS</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
16. FEDERAL FUNDS (Itemize on Schedule A-P)	.....	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees	.....	221.93	504671.43
(b) Political Party Committees	.....	0.00	0.00
(c) Other Political Committees	.....	434.00	1037.60
(d) The Candidate	.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))		655.93	505709.03
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	.....	0.00	0.00
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate	.....	0.00	73515.73
(b) Other Loans	.....	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	.....	0.00	73515.73
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating	.....	0.00	0.00
(b) Fundraising	.....	0.00	0.00
(c) Legal and Accounting	.....	0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))		0.00	0.00
21. OTHER RECEIPTS (Dividend, Interest, etc.)	.....	224.25	351.58
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)	.....	880.18	579576.34
<b>II. DISBURSEMENTS</b>			
23. OPERATING EXPENDITURES	.....	759.15	550467.95
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	.....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	.....	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	.....	0.00	0.00
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate	.....	0.00	28900.00
(b) Other Repayments	.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	.....	0.00	28900.00
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees	.....	0.00	0.00
(b) Political Party Committees	.....	0.00	0.00
(c) Other Political Committees	.....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))	.....	0.00	0.00
29. OTHER DISBURSEMENTS	.....	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	.....	759.15	579367.95
<b>III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)</b>			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	.....	0.00	

**ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE**  
 (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)  
 (PAGE 3, FEC FORM 3P)

3 / 44

**1. NAME OF COMMITTEE (in full)****MIKE GRAVEL FOR PRESIDENT 2008****ADDRESS (number and street)**

1600 N OAK ST #1412

**CITY, STATE, and ZIP CODE**

ARLINGTON

VA

22209

**2. IDENTIFICATION NUMBER**

C00423202

## ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	0.00	New Hampshire	0.00	10454.40
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	0.00	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	0.00	0.00	South Carolina	0.00	0.00
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	0.00	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	0.00	Washington	0.00	0.00
Massachusetts	0.00	0.00	West Virginia	0.00	0.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			<b>TOTALS</b>	<b>0.00</b>	<b>10454.40</b>

# Schedule A-P

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4 / 44

☐ 16 ☒ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18  
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A.

Full Name (Last, First, Middle Initial)

Durnik Aljosa

Mailing Address

goriska 9

City

State

Zip Code

aidovscina

05270

FEC ID number of contributing  
federal political committee.

Name of Employer  
none

Occupation  
student

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 0 8

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Transaction ID: SA17A.20340

B.

Full Name (Last, First, Middle Initial)

Sullivan Tamara

Mailing Address

848 Opal Drive

Apartment 4

City

State

Zip Code

San Jose

CA

95117

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 8

Amount of Each Receipt this Period

-38.07

DONATION REVERESED BY PAY-  
PAL

Transaction ID: SA17A.20579

SUBTOTAL of Receipts This Page (optional) .....

11.93

TOTAL This Period (last page this line number only) .....

11.93

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 / 44

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A.

Full Name (Last, First, Middle Initial)

CITIZEN POWER

Mailing Address

1600 OAK ST APT 1412

City

ARLINGTON

State

VA

Zip Code

22209

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

434.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Amount of Each Receipt this Period

434.00

CONTRIBUTION

Transaction ID: SA17C.20463

SUBTOTAL of Receipts This Page (optional) .....

434.00

TOTAL This Period (last page this line number only) .....

434.00

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 44

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008

<b>A.</b> Full Name (Last, First, Middle Initial) Boingo Wireless Inc.	<b>Transaction ID:</b> SB23.20310 <b>Date of Disbursement</b>																				
Mailing Address 1601 Cloverfield Blvd Suite 570	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	2		2	0	0	8												
City South Santa Monica State CA Zip Code 90404	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEPHONE/INTERNET	<table border="1"> <tr> <td colspan="10">21.95</td> </tr> </table>	21.95																			
21.95																					
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CONSTANT CONTACT	<b>Transaction ID:</b> SB23.20321 <b>Date of Disbursement</b>																				
Mailing Address Reservoir Place 1601 Trapelo Road Suite 329	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	0	8												
City Waltham State MA Zip Code 02451	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TELEPHONE/INTERNET EXPENSES	<table border="1"> <tr> <td colspan="10">155.00</td> </tr> </table>	155.00																			
155.00																					
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DHLWSH	<b>Transaction ID:</b> SB23.20318 <b>Date of Disbursement</b>																				
Mailing Address 333 TWIN DOLPHIN DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	8												
City REDWOOD State CA Zip Code 94065	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement POSTAGE	<table border="1"> <tr> <td colspan="10">24.09</td> </tr> </table>	24.09																			
24.09																					
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

201.04

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 44

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008

<b>A.</b> Full Name (Last, First, Middle Initial) DHLWSH Mailing Address 333 TWIN DOLPHIN DR City REDWOOD State CA Zip Code 94065 Purpose of Disbursement POSTAGE Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.20323 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	8												
Amount of Each Disbursement this Period <table border="1"> <tr> <td>21.61</td> </tr> </table> Category/ Type 101	21.61																				
21.61																					
<b>B.</b> Full Name (Last, First, Middle Initial) MEDIA TEMPLE INCORPORATED Mailing Address 8520 National Blvd. Building A City Culver City State CA Zip Code 90232 Purpose of Disbursement MEDIA EXPENSES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.20317 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	3		2	0	0	8												
Amount of Each Disbursement this Period <table border="1"> <tr> <td>40.00</td> </tr> </table> Category/ Type 101	40.00																				
40.00																					
<b>C.</b> Full Name (Last, First, Middle Initial) MULTIMEDIA AUDIO Mailing Address 825 NW 58TH STREET City OKLAHOMA CITY State OK Zip Code 73118 Purpose of Disbursement OFFICE SUPPLIES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.20316 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	3		2	0	0	8												
Amount of Each Disbursement this Period <table border="1"> <tr> <td>76.96</td> </tr> </table> Category/ Type 101	76.96																				
76.96																					

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

138.57

**TOTAL** This Period (last page this line number only) ..... ►

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 44

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008

<b>A.</b> Full Name (Last, First, Middle Initial) Paypal Inc Mailing Address 7615 37th Ave City Jackson Heights State NY Zip Code 11372 Purpose of Disbursement PAYPAL MERCHANT PROCESSING FEES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.20346 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	8												
Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">10.96</td> </tr> </table> Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">101</div>	10.96																				
10.96																					
<b>B.</b> Full Name (Last, First, Middle Initial) PERCEIVA Mailing Address 5300 Palmer Lane City Williamsburg State VA Zip Code 23188 Purpose of Disbursement WEBSITE HOSTING Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.20320 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	0	8												
Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">18.00</td> </tr> </table> Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">101</div>	18.00																				
18.00																					
<b>C.</b> Full Name (Last, First, Middle Initial) STORES ONLINE-RITA Mailing Address 754 E TECHNOLOGY AVE City Orem State UT Zip Code 84097 Purpose of Disbursement OFFICE SUPPLIES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.20319 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	0	8												
Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">24.95</td> </tr> </table> Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">101</div>	24.95																				
24.95																					

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

53.91

**TOTAL** This Period (last page this line number only) ..... ►



# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 44

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008

<b>A.</b> Full Name (Last, First, Middle Initial) VONAGE USA Mailing Address 23 Main St.	<b>Transaction ID:</b> SB23.20312 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	0	8	
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	0		2	0	0	8													
City Holmdel State NJ Zip Code 07733 Purpose of Disbursement TELEPHONE/INTERNET Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>59.14</td> </tr> </table>	59.14																				
59.14																						
<b>B.</b> Full Name (Last, First, Middle Initial) Wachovia Bank Mailing Address P.O. Box 563966 City Charlotte State NC Zip Code 28262 Purpose of Disbursement BANK CHARGES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB23.20311 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>70.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	0	8	70.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	2		2	0	0	8													
70.00																						
<b>C.</b> Full Name (Last, First, Middle Initial) Wachovia Bank Mailing Address P.O. Box 563966 City Charlotte State NC Zip Code 28262 Purpose of Disbursement BANK CHARGES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB23.20313 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>35.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	9		2	0	0	8	35.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	9		2	0	0	8													
35.00																						

**SUBTOTAL** of Disbursements This Page (optional) .....

164.14

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 44

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008

<b>A.</b> Full Name (Last, First, Middle Initial) Wachovia Bank	<b>Transaction ID:</b> SB23.20314 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 563966	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	0	8												
City Charlotte State NC Zip Code 28262	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BANK CHARGES	<table border="1"> <tr> <td colspan="10">4.18</td> </tr> </table>	4.18																			
4.18																					
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Wachovia Bank	<b>Transaction ID:</b> SB23.20315 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 563966	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	0	8												
City Charlotte State NC Zip Code 28262	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement BANK CHARGES	<table border="1"> <tr> <td colspan="10">35.00</td> </tr> </table>	35.00																			
35.00																					
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Wachovia Bank	<b>Transaction ID:</b> SB23.20326 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 563966	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	1		2	0	0	8												
City Charlotte State NC Zip Code 28262	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement OVERDRAFT FEE REFUND	<table border="1"> <tr> <td colspan="10">-105.00</td> </tr> </table>	-105.00																			
-105.00																					
Candidate Name MIKE GRAVEL FOR PRESIDENT 2008	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

-65.82

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 44

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008

<b>A.</b> Full Name (Last, First, Middle Initial) Wachovia Bank Mailing Address P.O. Box 563966	<b>Transaction ID:</b> SB23.20327 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 1 / 2 0 0 8</div> </div>
City Charlotte State NC Zip Code 28262 Purpose of Disbursement BANK CHARGES REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>35.00</div> <div>101</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Wachovia Bank Mailing Address P.O. Box 563966 City Charlotte State NC Zip Code 28262 Purpose of Disbursement OVERDRAFT FEE REFUND Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.20328 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 1 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>-35.00</div> <div>101</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) WLI Reservation Rewards Mailing Address 101 Merritt 7, Seventh Floor City Norwalk State CT Zip Code 06851 Purpose of Disbursement TELEPHONE/INTERNET EXPENSES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.20322 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>10.00</div> <div>101</div> Category/ Type
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>10.00</div> <div>501.84</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**Schedule C-P**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 12 / 44

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4621

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

30000.00

Cumulative Payment To Date

23900.00

Balance Outstanding at Close of This Period

6100.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 7D D  
2 4Y Y Y Y  
2 0 0 6

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

6100.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 13 / 44

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4629

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

3000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 7D D  
2 4Y Y Y Y  
2 0 0 6

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

3000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 14 / 44

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4622

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 9D D  
2 7Y Y Y Y  
2 0 0 6

12/31/2006

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 15 / 44

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4623

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 9D D  
2 7Y Y Y Y  
2 0 0 6

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

100.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 16 / 44

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4726

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 0D D  
2 5Y Y Y Y  
2 0 0 6

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

5000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**Schedule C-P**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 17 / 44

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4743

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

6000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 1D D  
3 0Y Y Y Y  
2 0 0 6

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

6000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 18 / 44

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4744

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 2D D  
1 8Y Y Y Y  
2 0 0 6

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

5000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 19 / 44

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5215

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

806.74

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

806.74

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 2D D  
0 7Y Y Y Y  
2 0 0 7

12/31/2008

0.0000 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

806.74

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 20 / 44

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5217

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

181.87

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

181.87

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 2D D  
0 7Y Y Y Y  
2 0 0 7

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

181.87

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 21 / 44

FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5220

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

95.70

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

95.70

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 2D D  
2 3Y Y Y Y  
2 0 0 7

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

95.70

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 22 / 44

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5216

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

1500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 2D D  
2 5Y Y Y Y  
2 0 0 7

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

1500.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 23 / 44

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5219

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

43.59

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

43.59

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 2D D  
2 6Y Y Y Y  
2 0 0 7

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

43.59

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 24 / 44

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5221

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 2D D  
2 8Y Y Y Y  
2 0 0 7

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

1000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**Schedule C-P**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 25 / 44

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 19a  
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.5218

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MIKE GRAVEL - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 1600 NO OAK ST APT 1412

City ARLINGTON State VA ZIP Code 22209

Original Amount of Loan

787.83

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

787.83

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 3D D  
0 8Y Y Y Y  
2 0 0 7

12/31/2008

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

787.83

**TOTALS** This Period (last page in this line only) ▶

44615.73

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 26 / 44

FOR LINE NUMBER:  
(check only one)

<input checked="checked" type="checkbox"/>	11
<input type="checkbox"/>	12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor**  
 POWERPAY

 Nature of Debt (Purpose):  
 CR CARD DONATIONS HELD  
 BY CC MERCHANT

Mailing Address 280 FORE ST

City	State	ZIP Code
PORTLAND	ME	04101

Outstanding Balance Beginning This Period

252.35

Transaction ID: SD11.20592

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

252.35

1) **SUBTOTALS** This Period This Page (optional)..... ▶

252.35

2) **TOTALS** This Period (last page this line number only)..... ▶

252.35

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

252.35

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 27 / 44

FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CHRISTINE D'AMICO

Nature of Debt (Purpose):  
CONSULTING FEES FIELD REP  
CT

Mailing Address 2612 NORTH AVE  
D-9

City State ZIP Code  
BRIDGEPORT CT 06604

Outstanding Balance Beginning This Period

1500.00

Transaction ID: SD12.20453

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DICKSTEIN SHAPIRO LLP

Nature of Debt (Purpose):  
LEGAL FEES APRIL 2008

Mailing Address 1825 EYE STREET NW

City State ZIP Code  
WASHINGTON DC 20006

Outstanding Balance Beginning This Period

6914.00

Transaction ID: SD12.20016

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6914.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DICKSTEIN SHAPIRO LLP

Nature of Debt (Purpose):  
LEGAL FEES MAY 2008

Mailing Address 1825 EYE STREET NW

City State ZIP Code  
WASHINGTON DC 20006

Outstanding Balance Beginning This Period

313.00

Transaction ID: SD12.20247

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

313.00

1) **SUBTOTALS** This Period This Page (optional).....

8727.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 28 / 44

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Jacobson ElliottNature of Debt (Purpose):  
CONSULTING NATIONAL FIELD  
DIRECTOR

Mailing Address 1001 3rd Street, SW

City State ZIP Code  
Washington DC 20024

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.20419

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Jacobson ElliottNature of Debt (Purpose):  
CONSULTING NATIONAL FIELD  
DIRECTOR

Mailing Address 1001 3rd Street, SW

City State ZIP Code  
Washington DC 20024

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.20418

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Jacobson ElliottNature of Debt (Purpose):  
CONSULTING - FUNDRAISING

Mailing Address 1001 3rd Street, SW

City State ZIP Code  
Washington DC 20024

Outstanding Balance Beginning This Period

1000.00

Transaction ID: SD12.20014

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional).....

7000.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 29 / 44

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MIKE GRAVELNature of Debt (Purpose):  
EXPENSE REIMBURSEMENT -  
HQ RENTAL

Mailing Address 1600 NO OAK ST APT 1412

City State ZIP Code  
ARLINGTON VA 22209

Outstanding Balance Beginning This Period

1000.00

Transaction ID: SD12.20648

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SUSAN GRIFFINNature of Debt (Purpose):  
CAMPAIGN COORDINATIONMailing Address 5520 COVINGTON CT  
#106City State ZIP Code  
DEARBORN MI 48126

Outstanding Balance Beginning This Period

525.00

Transaction ID: SD12.20436

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

525.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MINDI IDENNature of Debt (Purpose):  
CONSULTING FEES CAMPAIGN  
COORDINATION

Mailing Address 149 S. Barrington Ave. #326

City State ZIP Code  
LOS ANGELES CA 90049

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.19797

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

**1) SUBTOTALS** This Period This Page (optional).....

4525.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 30 / 44

FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 BECKY ISAIS

 Nature of Debt (Purpose):  
 CONSULTING FEE FOR FIELD  
 REP NV

Mailing Address 5512 VISTA RIDGE WAY

City	State	ZIP Code
KEARNS	UT	84118

Outstanding Balance Beginning This Period

1050.00

Transaction ID: SD12.20450

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1050.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 RODRIGUEZ JOSE

 Nature of Debt (Purpose):  
 CONSULTING FEES CAMPAIGN  
 FIELD ORGANIZER

Mailing Address 1435 MONROE ST NW

City	State	ZIP Code
WASHINGTON	DC	20010

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20411

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 RODRIGUEZ JOSE

 Nature of Debt (Purpose):  
 CONSULTING FEES CAMPAIGN  
 FIELD ORGANIZER

Mailing Address 1435 MONROE ST NW

City	State	ZIP Code
WASHINGTON	DC	20010

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20412

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

1) **SUBTOTALS** This Period This Page (optional).....

6050.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 31 / 44

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
RODRIGUEZ JOSENature of Debt (Purpose):  
CONSULTING FEES CAMPAIGN  
FIELD ORGANIZER

Mailing Address 1435 MONROE ST NW

City State ZIP Code  
WASHINGTON DC 20010

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.19794

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
RODRIGUEZ JOSENature of Debt (Purpose):  
CONSULTING FEES CAMPAIGN  
FIELD ORGANIZER

Mailing Address 1435 MONROE ST NW

City State ZIP Code  
WASHINGTON DC 20010

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20015

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
KG INTERNATIONALNature of Debt (Purpose):  
CONSULTING FOR ACCOUNTING  
SERVICES

Mailing Address 11311 TRENTON CT

City State ZIP Code  
BRISTOW VA 20136

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.18205

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

1) **SUBTOTALS** This Period This Page (optional).....

7500.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 32 / 44

FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 KG INTERNATIONAL

 Nature of Debt (Purpose):  
 CONSULTING FOR ACCOUNTING  
 SERVICES

Mailing Address 11311 TRENTON CT

 City State ZIP Code  
 BRISTOW VA 20136

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.18206

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 KG INTERNATIONAL

 Nature of Debt (Purpose):  
 CONSULTING FOR ACCOUNTING  
 SERVICES

Mailing Address 11311 TRENTON CT

 City State ZIP Code  
 BRISTOW VA 20136

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.19795

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 KG INTERNATIONAL

 Nature of Debt (Purpose):  
 CONSULTING FOR ACCOUNTING  
 SERVICES

Mailing Address 11311 TRENTON CT

 City State ZIP Code  
 BRISTOW VA 20136

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20427

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

1) **SUBTOTALS** This Period This Page (optional).....

7500.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

PAGE 33 / 44

FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 KG INTERNATIONAL

 Nature of Debt (Purpose):  
 CONSULTING FOR ACCOUNTING  
 SERVICES

Mailing Address 11311 TRENTON CT

City	State	ZIP Code
BRISTOW	VA	20136

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20428

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 KG INTERNATIONAL

 Nature of Debt (Purpose):  
 CONSULTING FOR ACCOUNTING  
 SERVICES

Mailing Address 11311 TRENTON CT

City	State	ZIP Code
BRISTOW	VA	20136

Outstanding Balance Beginning This Period

1000.00

Transaction ID: SD12.20011

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 KG INTERNATIONAL

 Nature of Debt (Purpose):  
 CONSULTING FOR ACCOUNTING  
 SERVICES

Mailing Address 11311 TRENTON CT

City	State	ZIP Code
BRISTOW	VA	20136

Outstanding Balance Beginning This Period

1000.00

Transaction ID: SD12.20245

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional).....

4500.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

PAGE 34 / 44

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
KG INTERNATIONALNature of Debt (Purpose):  
CONSULTING FOR ACCOUNTING  
SERVICES

Mailing Address 11311 TRENTON CT

City State ZIP Code  
BRISTOW VA 20136

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD12.20332

Amount Incurred This Period

500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
NEIL KIERNAN STEPHENSONNature of Debt (Purpose):  
CONSULTING FEES MI FIELD  
REPRESENTATIVE

Mailing Address 52177 LEXINTON LN

City State ZIP Code  
CHESTERFIELD MI 48051

Outstanding Balance Beginning This Period

525.00

Transaction ID: SD12.20438

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

525.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AFIFA KLOUJNature of Debt (Purpose):  
CONSULTING FEES FOR OFFICE  
MANAGEMENTMailing Address 1001 3RD STREET SW  
#804City State ZIP Code  
WASHINGTON DC 20024

Outstanding Balance Beginning This Period

1050.00

Transaction ID: SD12.20440

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1050.00

1) **SUBTOTALS** This Period This Page (optional).....

2075.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

PAGE 35 / 44

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
JON KRAUSNature of Debt (Purpose):  
CONSULTING FEES DEPUTY  
CAMPAIGN MANAGER

Mailing Address 4702 BELMONT DR

City State ZIP Code  
EMMAUS PA 18049

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.20416

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
JON KRAUSNature of Debt (Purpose):  
CONSULTING FEES DEPUTY  
CAMPAIGN MANAGER

Mailing Address 4702 BELMONT DR

City State ZIP Code  
EMMAUS PA 18049

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.20417

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
JON KRAUSNature of Debt (Purpose):  
CONSULTING FEES DEPUTY  
CAMPAIGN MANAGER

Mailing Address 4702 BELMONT DR

City State ZIP Code  
EMMAUS PA 18049

Outstanding Balance Beginning This Period

2000.00

Transaction ID: SD12.19791

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

1) **SUBTOTALS** This Period This Page (optional).....

8000.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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for each  
numbered line)

PAGE 36 / 44

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
JOE LAURIANature of Debt (Purpose):  
CONSULTING FEES NATL PUBL-  
ICITY DIRECTORMailing Address 205 PINEHURST AVE  
#6JCity State ZIP Code  
NEW YORK NY 10033

Outstanding Balance Beginning This Period

1050.00

Transaction ID: SD12.20430

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1050.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
mosier lynneNature of Debt (Purpose):  
CONSULTING FEES CALIFORNIA  
COORDINATOR

Mailing Address 76 patrick way

City State ZIP Code  
half moon bay CA 94019

Outstanding Balance Beginning This Period

5000.00

Transaction ID: SD12.19793

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SKYLER MCKINLEYNature of Debt (Purpose):  
CONSULTING FOR INFORMATI-  
ON TECHNOLOGY

Mailing Address 1815 S. QUEEN WAY

City State ZIP Code  
LAKEWOOD CO 80232

Outstanding Balance Beginning This Period

5000.00

Transaction ID: SD12.20457

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

1) **SUBTOTALS** This Period This Page (optional).....

11050.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 37 / 44

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CASEY MCLLVAINNature of Debt (Purpose):  
CONSULTING ALTERNATIVE DE-  
BATE TECHNOLOGY

Mailing Address 225 LYCEUM AVE

City State ZIP Code  
PHILADELPHIA PA 19128

Outstanding Balance Beginning This Period

500.00

Transaction ID: SD12.20455

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DAVID NELSON VAN-DETTENature of Debt (Purpose):  
CONSULTING FIELD REP FL

Mailing Address 1013 RIDGE ROAD

City State ZIP Code  
LARGO FL 33770

Outstanding Balance Beginning This Period

525.00

Transaction ID: SD12.20444

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

525.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DAVID NELSON VAN-DETTENature of Debt (Purpose):  
CONSULTING FEES FIELD REP  
FL

Mailing Address 1013 RIDGE ROAD

City State ZIP Code  
LARGO FL 33770

Outstanding Balance Beginning This Period

1050.00

Transaction ID: SD12.20446

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1050.00

1) **SUBTOTALS** This Period This Page (optional).....

2075.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 38 / 44

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
NETWORK GUILD LLCNature of Debt (Purpose):  
CONSULTING FEES FOR WEBIS-  
TE MANAGEMENT

Mailing Address 1068 TREVINO LN

City State ZIP Code  
HENDON VA 20170

Outstanding Balance Beginning This Period

10000.00

Transaction ID: SD12.18207

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
NETWORK GUILD LLCNature of Debt (Purpose):  
CONSULTING FEES FOR WEBIS-  
TE MANAGEMENT

Mailing Address 1068 TREVINO LN

City State ZIP Code  
HENDON VA 20170

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20421

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
NETWORK GUILD LLCNature of Debt (Purpose):  
CONSULTING FEES FOR WEBIS-  
TE MANAGEMENT

Mailing Address 1068 TREVINO LN

City State ZIP Code  
HENDON VA 20170

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20422

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

1) **SUBTOTALS** This Period This Page (optional).....

15000.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 39 / 44

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
NETWORK GUILD LLCNature of Debt (Purpose):  
CONSULTING FEES FOR WEBIS-  
TE MANAGEMENT

Mailing Address 1068 TREVINO LN

City State ZIP Code  
HENDON VA 20170

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20423

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
NETWORK GUILD LLCNature of Debt (Purpose):  
CONSULTING FEES FOR WEBIS-  
TE MANAGEMENT

Mailing Address 1068 TREVINO LN

City State ZIP Code  
HENDON VA 20170

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20424

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CHRIS PETHRICKNature of Debt (Purpose):  
CONSULTING FEES FOR CAMPA-  
IGN MAGT

Mailing Address 16305 WOODVILLE ROAD

City State ZIP Code  
BRANDYWINE MD 20613

Outstanding Balance Beginning This Period

7498.00

Transaction ID: SD12.20012

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7498.00

1) **SUBTOTALS** This Period This Page (optional).....

12498.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 40 / 44

FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 CHRIS PETHRICK

 Nature of Debt (Purpose):  
 CONSULTING FEES FOR CAMPA-  
 IGN MAGT

Mailing Address 16305 WOODVILLE ROAD

City	State	ZIP Code
BRANDYWINE	MD	20613

Outstanding Balance Beginning This Period

7498.00

Transaction ID: SD12.20246

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7498.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 CHRIS PETHRICK

 Nature of Debt (Purpose):  
 CONSULTING FEES FOR CAMPA-  
 IGN MAGT

Mailing Address 16305 WOODVILLE ROAD

City	State	ZIP Code
BRANDYWINE	MD	20613

Outstanding Balance Beginning This Period

7498.00

Transaction ID: SD12.20425

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7498.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 CHRIS PETHRICK

 Nature of Debt (Purpose):  
 CONSULTING FEES FOR CAMPA-  
 IGN MAGT

Mailing Address 16305 WOODVILLE ROAD

City	State	ZIP Code
BRANDYWINE	MD	20613

Outstanding Balance Beginning This Period

3749.00

Transaction ID: SD12.20426

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3749.00

1) **SUBTOTALS** This Period This Page (optional).....

18745.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

PAGE 41 / 44

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
GEORGE REBHNature of Debt (Purpose):  
PHOTOGRAPH

Mailing Address 4899 35TH RD NORTH

City State ZIP Code  
ARLINGTON VA 22207

Outstanding Balance Beginning This Period

2000.00

Transaction ID: SD12.20448

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
George RipleyNature of Debt (Purpose):  
CONSULTING FEES FIELD REP  
DC

Mailing Address 1425 Monroe S. NW

City State ZIP Code  
Washington DC 20010

Outstanding Balance Beginning This Period

525.00

Transaction ID: SD12.20447

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

525.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
APRIL SHARPLEYNature of Debt (Purpose):  
CONSULTING CAMPAIGN COORD-  
INATION

Mailing Address 3801 TATTERSHALL LANE

City State ZIP Code  
AUSTIN TX 78727

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.18204

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

1) **SUBTOTALS** This Period This Page (optional).....

5025.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 42 / 44

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
MIKE GRAVEL FOR PRESIDENT 2008**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
APRIL SHARPLEYNature of Debt (Purpose):  
CONSULTING CAMPAIGN COORDINATION

Mailing Address 3801 TATTERSHALL LANE

City State ZIP Code  
AUSTIN TX 78727

Outstanding Balance Beginning This Period

1500.00

Transaction ID: SD12.19798

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
STACEY STANDLEYNature of Debt (Purpose):  
CONSULTING FOR ENVIRONMENT ISSUES

Mailing Address 5114 TURNBURY LN

City State ZIP Code  
SPANISH TRAIL NV 89113

Outstanding Balance Beginning This Period

2500.00

Transaction ID: SD12.20452

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DAN SWARTZNature of Debt (Purpose):  
FILM PRODUCTIONMailing Address 95 HORATIO ST  
APT 406City State ZIP Code  
NEW YORK NY 10014

Outstanding Balance Beginning This Period

1050.00

Transaction ID: SD12.20432

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1050.00

1) **SUBTOTALS** This Period This Page (optional).....

5050.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

PAGE 43 / 44

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
RICH SWARTZNature of Debt (Purpose):  
FILM PRODUCTIONMailing Address 95 HORATIO ST  
APT 406City State ZIP Code  
NEW YORK NY 10014

Outstanding Balance Beginning This Period

1050.00

Transaction ID: SD12.20434

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1050.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
TELENOMICS GROUPNature of Debt (Purpose):  
CONSULTING FOR DATABASE  
MANAGEMENT

Mailing Address 1515 N WARSON RD, ST LOISE, MO 63

City State ZIP Code  
ST LOUISE MO 63132

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.18200

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
TELENOMICS GROUPNature of Debt (Purpose):  
CONSULTING FOR DATABASE  
MANAGEMENT

Mailing Address 1515 N WARSON RD, ST LOISE, MO 63

City State ZIP Code  
ST LOUISE MO 63132

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.18201

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

1) **SUBTOTALS** This Period This Page (optional).....

7050.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 44 / 44

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
TELENOMICS GROUPNature of Debt (Purpose):  
CONSULTING FOR DATABASE  
MANAGEMENT

Mailing Address 1515 N WARSON RD, ST LOISE, MO 63

City State ZIP Code  
ST LOUISE MO 63132

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.18202

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
TELENOMICS GROUPNature of Debt (Purpose):  
CONSULTING FOR DATABASE  
MANAGEMENT

Mailing Address 1515 N WARSON RD, ST LOISE, MO 63

City State ZIP Code  
ST LOUISE MO 63132

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD12.19796

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
TELENOMICS GROUPNature of Debt (Purpose):  
CONSULTING FOR DATABASE  
MANAGEMENT

Mailing Address 1515 N WARSON RD, ST LOISE, MO 63

City State ZIP Code  
ST LOUISE MO 63132

Outstanding Balance Beginning This Period

1000.00

Transaction ID: SD12.20420

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

**1) SUBTOTALS** This Period This Page (optional).....

7000.00

**2) TOTALS** This Period (last page this line number only).....

139370.00

**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

44615.73

**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

183985.73